



STATE OF MARYLAND

DMMH

Maryland Department of Health and Mental Hygiene
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May 14, 2010

Public Health & Emergency Preparedness Bulletin: # 2010:18 Reporting for the week ending 05/08/10 (MMWR Week #18)

CURRENT HOMELAND SECURITY THREAT LEVELS

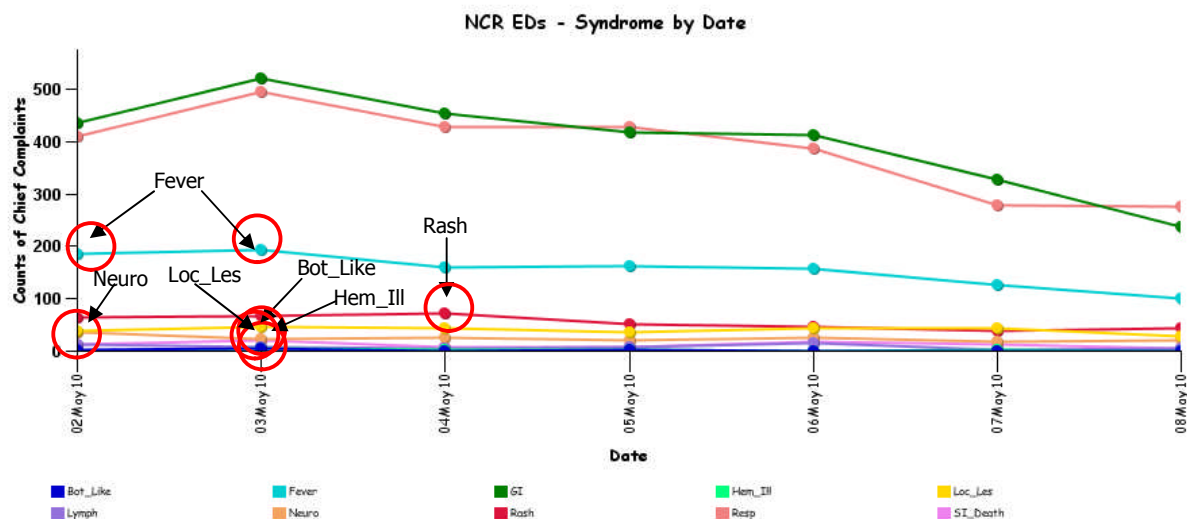
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

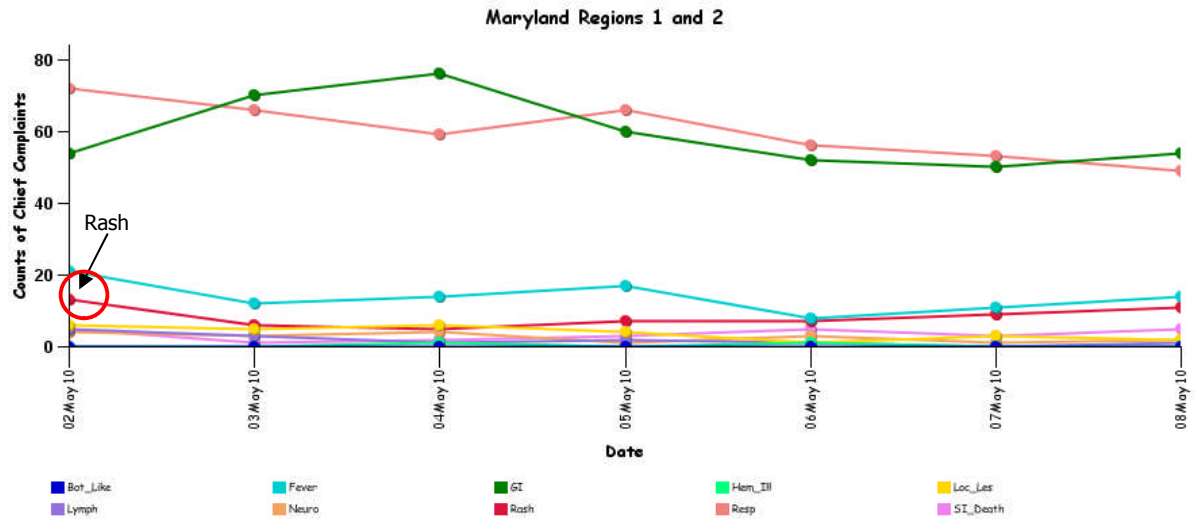
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

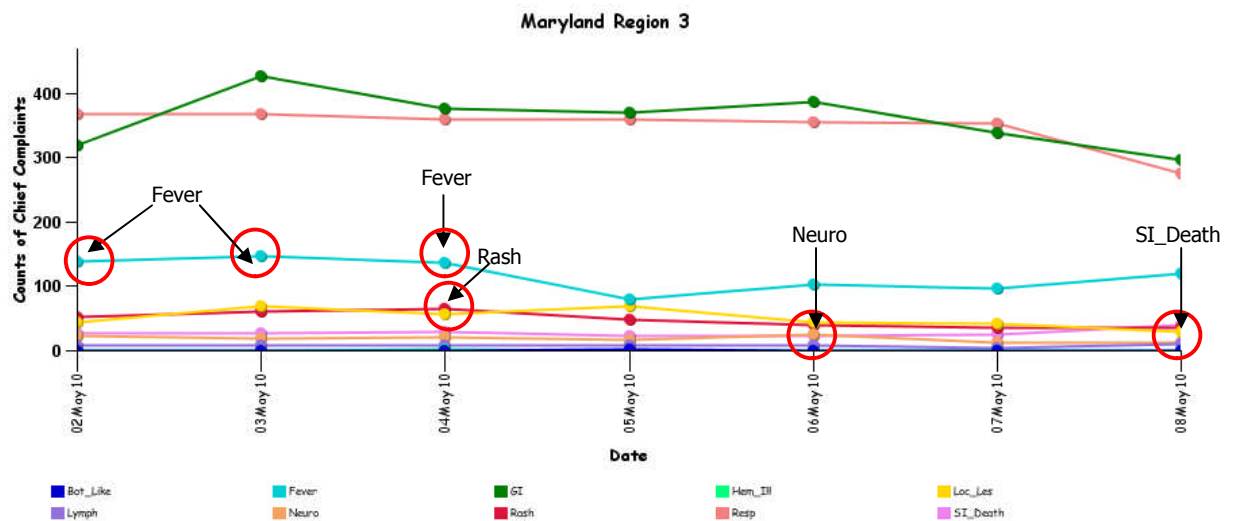


* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

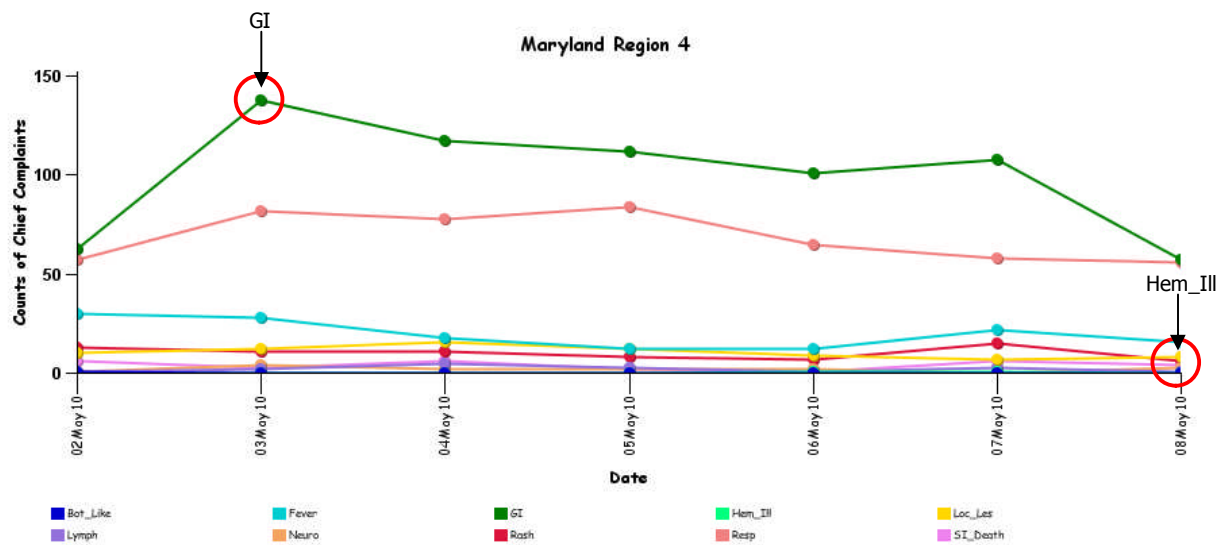
MARYLAND ESSENCE:



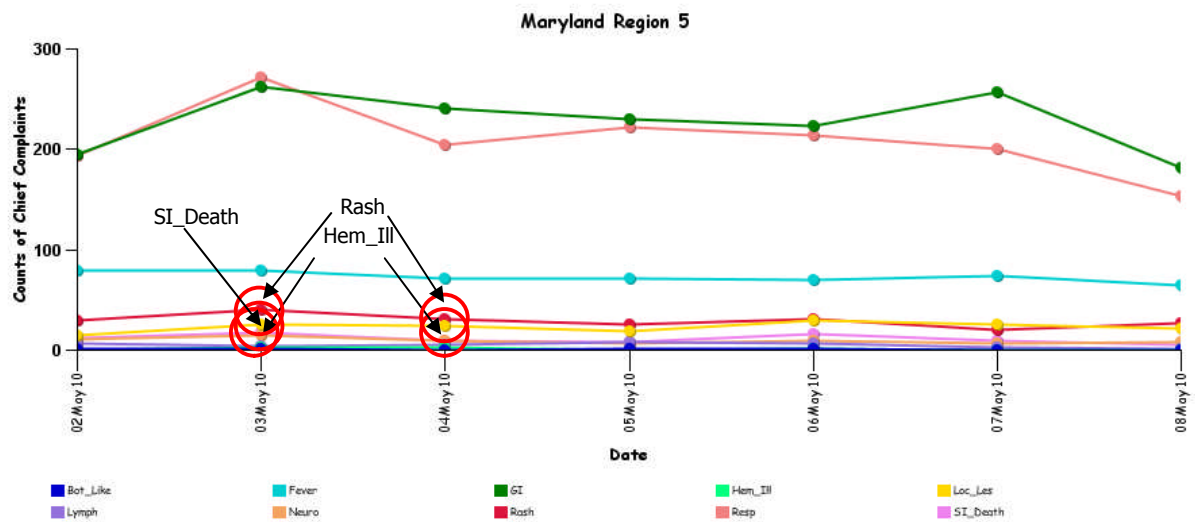
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



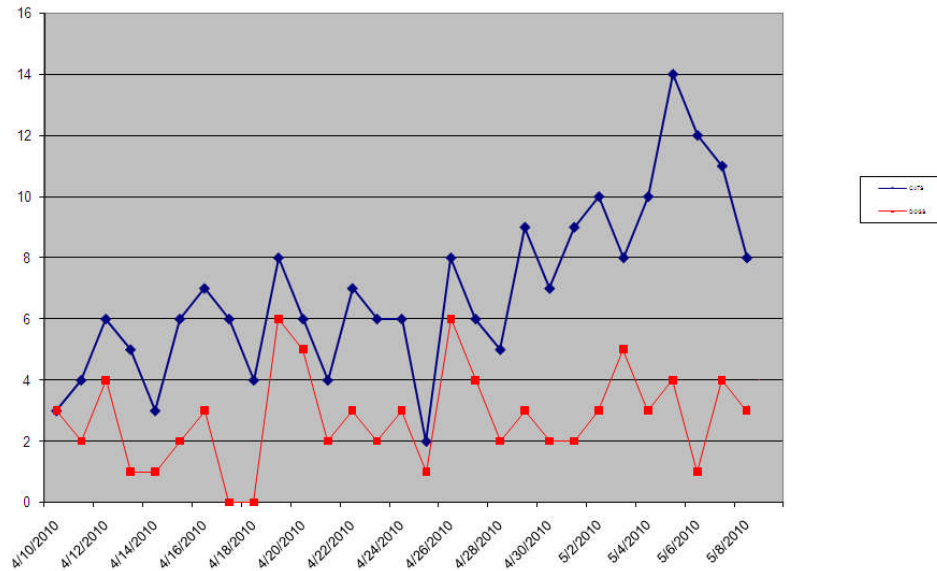
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

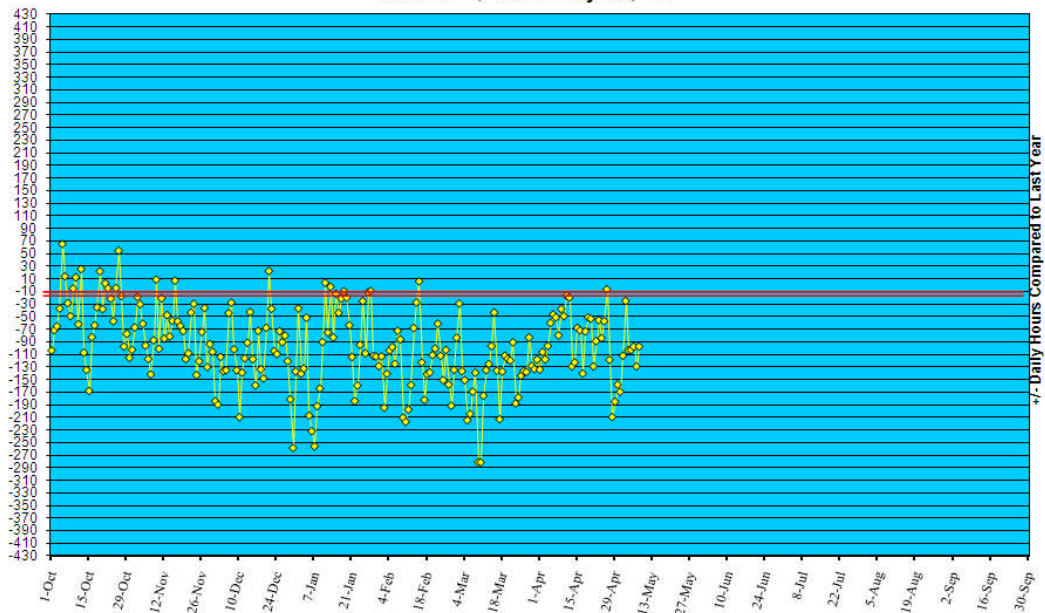
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/09.

Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '09 to May 08, '10



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2010 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (May 2 - May 8, 2010):	15	0
Prior week (April 25 - May 1, 2010):	16	0
Week#18, 2009 (May 3- May 9, 2009):	11	0

4 outbreaks were reported to DHMH during MMWR Week 18 (May 2-8, 2010)

3 Gastroenteritis outbreaks

1 outbreak of GASTROENTERITIS in a Hospital
1 outbreak of GASTROENTERITIS in a Nursing Home
1 outbreak of GASTROENTERITIS in an Assisted Living

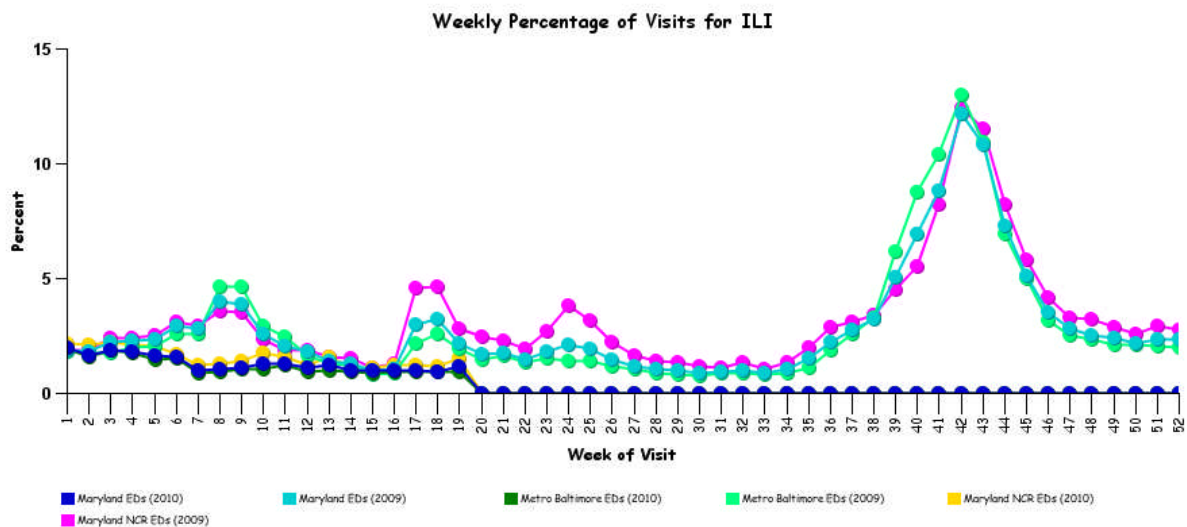
1 Rash illness outbreak

1 outbreak of Molluscum in a Daycare

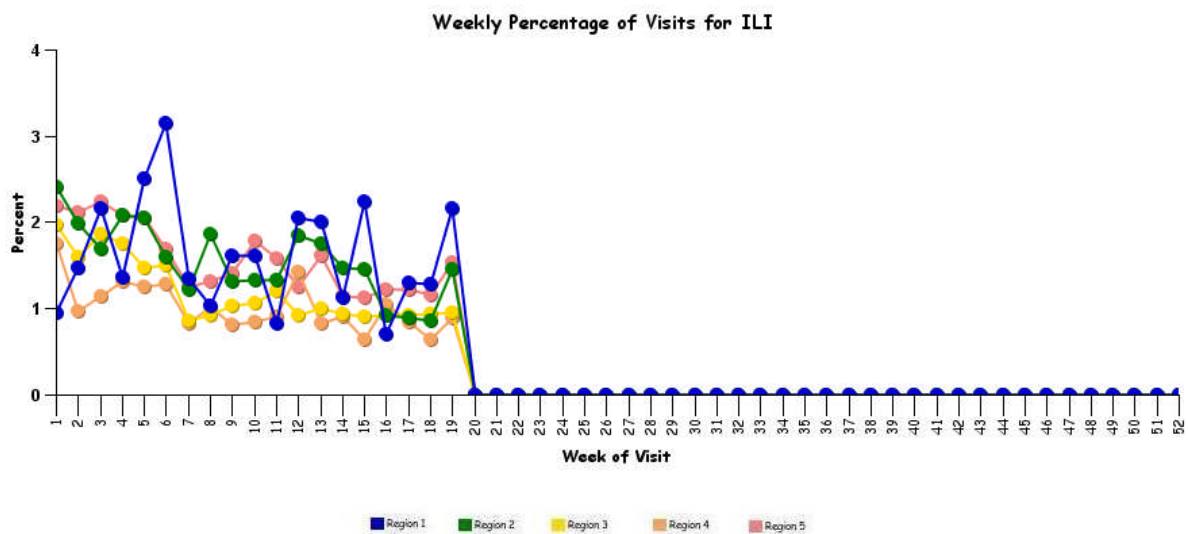
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



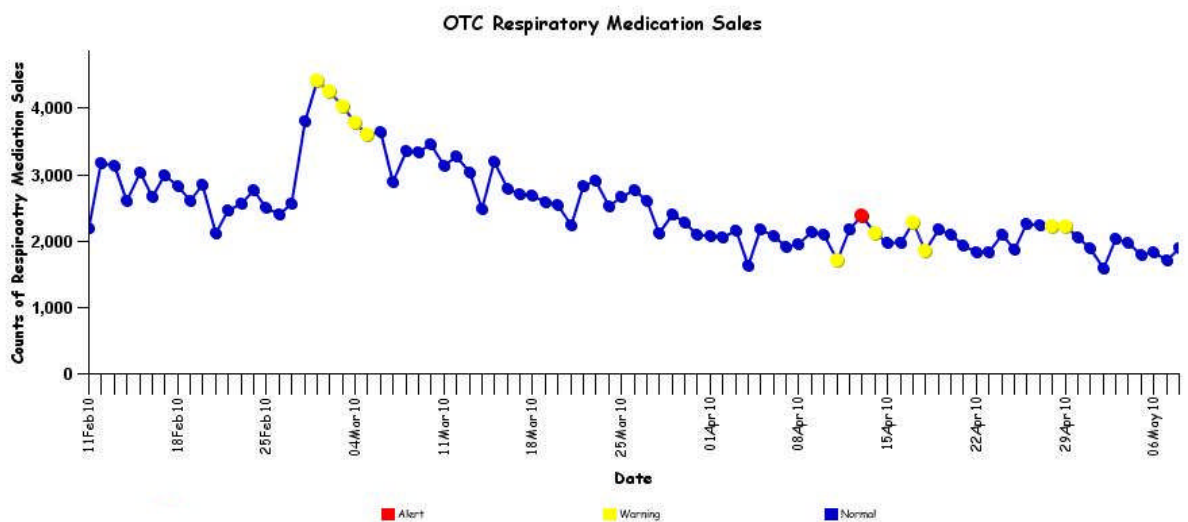
* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:
[http://bioterrorism.dhmm.state.md.us/Documents/Plans/PandemicInfluenzaResponseAnnex\(V7.3\).pdf](http://bioterrorism.dhmm.state.md.us/Documents/Plans/PandemicInfluenzaResponseAnnex(V7.3).pdf)

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of April 21, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 498, of which 294 have been fatal. Thus, the case fatality rate for human H5N1 is about 59%.

AVIAN INFLUENZA, HUMAN (INDONESIA): 07 May 2010, The Ministry of Health of Indonesia has announced 2 new confirmed cases of human infection with the H5N1 avian influenza virus. A 45 year old woman from the city of Malang in East Java province developed symptoms on 22 Feb 2010. She recovered and is in a healthy condition. The patient disposed of dead chickens in the 4 days before onset of symptoms. The 2nd case, a 4 year old girl from the city of Pekanbaru in Riau province developed symptoms on 19 Apr 2010, was hospitalized on 22 Apr 2010, but died on 28 Apr 2010. Investigations into the source of infection are ongoing. Laboratory tests on both cases confirmed infection with the H5N1 avian influenza virus. Of the 165 cases confirmed to date in Indonesia, 136 have been fatal.

AVIAN INFLUENZA, HUMAN (CAMBODIA): 04 May 2010, The Ministry of Health of Cambodia has announced a new confirmed case of human infection with the H5N1 avian influenza virus. The 27-year-old male, from Prey Veng province, developed symptoms on 13 Apr 2010, was admitted to the hospital on 16 Apr 2010 and died the following day. The presence of the H5N1 virus was confirmed by the National Influenza Centre, the Institute Pasteur in Cambodia. The patient prepared and consumed sick poultry 7 days before onset of symptoms. To date, Cambodia has reported 10 laboratory confirmed cases with 8 deaths since 2005.

H1N1 INFLUENZA (Swine Flu):

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmm.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS

E. COLI VTEC NON-O157 (USA): 07 May, 2010, Freshway Foods is voluntarily recalling products containing romaine lettuce with a use by date of 12 May 2010 or earlier because they have the potential to be contaminated with _Escherichia coli_ O145. The products were sold under the Freshway brand and Imperial Sysco brand. The company is working with the FDA to inform consumers of this recall. This recall includes romaine lettuce products sold by Freshway Foods for food service outlets, wholesale, and in-store retail salad bars and delis; no other products are involved. Freshway Foods does not produce bulk, prepackaged romaine or bagged salad mixes containing romaine for sale in supermarkets, and therefore these products are not included in this recall. The recalled romaine lettuce products were sold to wholesalers and food service outlets in the following states east of the Mississippi river: Alabama, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, West Virginia, and Wisconsin. The recalled romaine products were also sold for distribution to in-store salad bars and delis for Kroger, Giant Eagle, Ingles Markets, and Marsh stores in the states listed. The recall comes after FDA informed Freshway Foods on Wed 5 May 2010, that a previously unopened product sample in a New York state laboratory tested positive for the bacterium. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

ANTHRAX, HUMAN, BOVINE (INDIA): 05 May 2010, An anthrax outbreak has killed 2 people and affected more than 50 people at a tribal village in West Bengal's Paschim Medinipur district in the past 2 days. This is the 1st outbreak of the disease in the district in recent past, according to officials of the Health Department. "About 150 people from 32 families of Chandmora village

consumed a dead cow on 18 Apr 2010. Soon after, several persons developed skin lesions and ran high temperature. Instead of approaching the local health centre, they sought treatment from a quack. Only after the condition of 2 persons turned critical did they go to the Midnapore Medical College on Monday," Nripoti Roy, chief medical officer of the district, told The Hindu on Wednesday [28 Apr 2010]. Both deaths occurred on Tuesday [27 Apr 2010], and another case was critical. "Primarily, it appears like an anthrax outbreak. We have sent medical teams to the village to treat the affected. A pathological team visited the village on Wednesday to collect samples, and it will submit a report shortly," Dr Roy said. Health director Aniruddha Kar said a team from the School of Tropical Medicine would visit the village on Thursday. "This disease is caused in humans mainly by consumption of animal carcasses. We have started an awareness drive," he said. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (INDIA): 05 May 2010, The growing menace of chikungunya [virus] has hit more than 300 people and has claimed one person's life in Annechakanahalli in Holenarsipur taluk [administrative division] of Hassan district. The deceased has been identified as a 55 year old man. But sadly, the taluk health officer claims that he is unaware of the prevalent situation. The officer, Dr Rajesh, said that though the menace began almost a month ago, he was not aware of the attacks in the village. While clarifying that he yet hasn't received any complaint with this regard, he notified that he got to know about this only on Friday [30 Apr 2010] and he had directed Dr Sidde Gowda to visit the village on Saturday [1 May 2010]. However, Dr Sidde Gowda said he had treated all the cases. The village comes under the Doddakadanuru Primary Health Centre (PHC). The inhabitants of the village stated that they had visited Doddakadanuru PHC sometime ago, to report the symptoms of chikungunya [virus infection], but the medical officer didn't respond to them in a proper manner. Now, the disease has engulfed the whole village, just within a month. A resident said chikungunya has affected him and 3 others in his family. He said that the doctors did not bother to visit the village even after they were informed about the death of the man a week ago, due to chikungunya. [Another man] said that in his house 3 persons were down with chikungunya. Another villager said that since one month, he was taking several people from the village to the Doddakadanuru PHC for treatment. When contacted, district health officer Thimmappa said that on Friday [30 Apr 2010], Zilla Panchayat chief executive officer MR Balakrishna convened a meeting in this regard and sent medicines to the village. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

EBOLAVIRUS, BATS (SPAIN): 04 May 2010, A novel filovirus has been detected in bats in the Iberian Peninsula. A full length genome sequence has been obtained in collaboration between the Instituto de Salud Carlos III and the Center for Infection and Immunity at Columbia University. Preliminary phylogenetic analysis indicates that this virus is taxonomically distinct from ebolavirus and Lake Victoria marburgvirus. There is no evidence that this virus has infected humans. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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